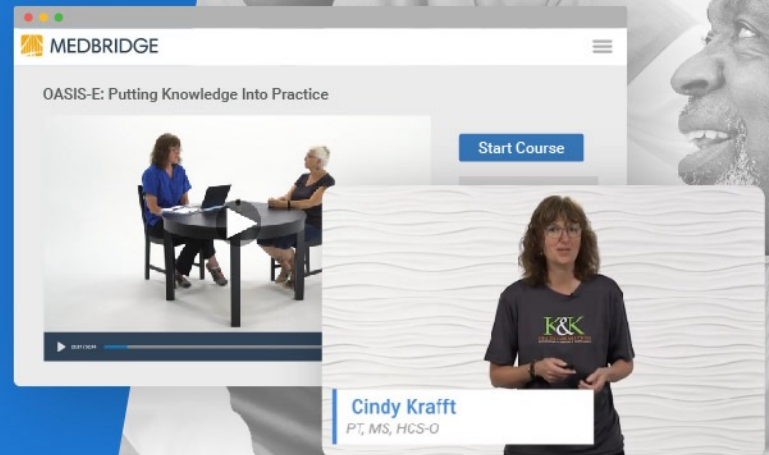


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OASIS E: Best Practices for Data Collection Success in 2023

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Joe Brence PT, DPT, MBA, FAAOMPT



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Learning Objectives

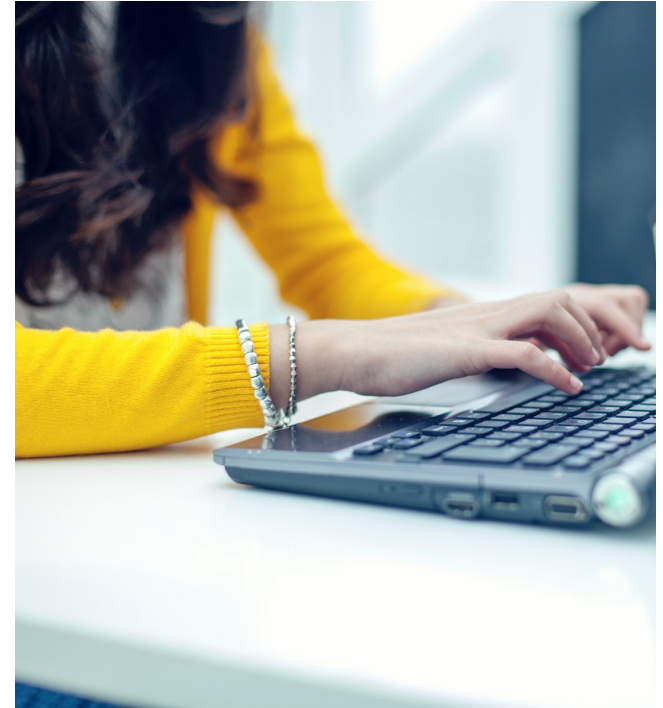
- Examine the guidance on OASIS items that are driving the need for data corrections
- Analyze the impact of recent CMS Q&As on both data collection and agency processes
- Implement strategies for efficient data collection, with a focus on error reduction

Chapter 1

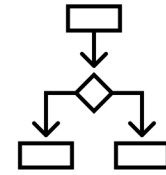
Data Corrections

What Are You Seeing?

- Please put your most often seen error into the Q&A box on the bottom right of the screen



Section C: BIMS



C0100. BIMS

C0200. Repetition of Three Words

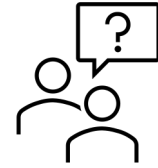
C0300. Temporal Orientation

C0400. Recall

C0500. BIMS Summary Score

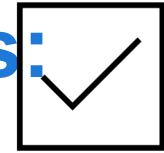
Interact with the patient using their preferred language. Be sure the patient can hear you and/or has access to their preferred method for communication. If the patient appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.

Section A: Race



A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above

Section N: High-Risk Drug Classes: Use and Indication



SOC/ROC and Discharge		
N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes 2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is Taking	2. Indication Noted
	↓ Check all that apply ↓	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the Above	<input type="checkbox"/>	

Chapter 2

Recent CMS Q&As

Item Formatting Question

- **Question 2:** While configuring the new OASIS-E items in our EMR system, would it be compliant if additional prompts were added to clarify the reason for coding a 0 response for one or more BIMS Interview Items (C0200 - C0400)? The 0 can have different meanings and the reason for coding the 0 may influence the scoring of C0500 - BIMS Summary Score.
- **Answer 2:** While the item language and response options may not be modified, reformatting of the presentation of the item is left to the user's discretion, as long as such modification does not impact the accuracy of the item scoring and is presented in a way that makes it clear which items (assessment questions and response options) are part of the OASIS, and which are not.

Defining the “Proxy”

- **Question 3:** A number of new items (A1005 - Ethnicity, A1010 - Race, A1110 - Language, A1250 - Transportation) state that a proxy can be used. Who would be considered a proxy? Can it be a caregiver, family member, friend or can it only be the Power of Attorney (POA), or health care representative?
- **Answer 3:** For the items in Section A that reference a proxy, the assessing clinician determines who the appropriate proxy is based on the item specific guidance and the patient’s unique circumstances. This can include but is not limited to family, caregiver, friend, Power of Attorney (POA) or health care representative.

Calculating Scores

- **Question 6:** Can you provide additional information on the rationale for having to use multipliers in D0160 - Total Severity Score? When reviewing the Pfizer version of the PHQ-9 scoring, Pfizer does not indicate a process computing scores for missed questions.
- **Answer 6:** D0160 - Total Severity Score identifies the severity score calculated from responses to the PHQ-2 to 9. The Total Severity Score is a summary of the frequency scores on the PHQ-2 to 9 that indicates the extent of potential depression symptoms. CMS obtained permission from Pfizer to modify the PHQ-2 to 9 for use in CMS's data collection instruments.

Time Frames

- **Question 7:** For the pain interview items, how do we define the term “over the past 5 days”? Does the day of assessment count as day 0 and then you count back, or is the day of assessment considered day 1 and then you count back?
- **Answer 7:** For the Pain Interview items (J0510, J0520, and J0530) the day of assessment is considered day 0. The time period under consideration or “look back” for the pain interview item includes the day of assessment in addition to looking back over the last 5 days.

M0415: Documented Patient-Specific Indication

- **Question 11: Are the following scenarios acceptable approaches to determining that a patient-specific indication is documented for N0415 - High-Risk Drug Classes: Use and Indication?**
 - A clinician finds the patient-specific indication noted on the discharge paperwork from the referring facility (e.g., coumadin for afib)
 - There is no patient-specific indication noted for a medication, so the clinician calls the physician to verify why the patient is taking the med and adds the physician response to the HH medical record
 - The patient or family member verbally tells the clinician why the medication is being used (e.g., "for my back pain", "for my infection") and the clinician documents this reason in the HH medical record
 - A clinician sees a diagnosis documented in discharge or referral paperwork (e.g., diabetes, schizophrenia) and the patient is taking related medications (e.g., hypoglycemic, antipsychotic) so considers the documented diagnosis as the patient-specific indication.

Answer 11: Documented Patient-Specific Indication

- Sources include medical records received from facilities where the patient received health care, the patient's most recent history and physical, transfer documents, discharge summaries, medication lists/records, clinical progress notes, and other resources as available.
- Discussions (including with the acute care hospital, other staff and clinicians, the patient, and the patient's family/significant other) may supplement and/or clarify the information gathered from the patient's medical records.
- CMS does not provide an exhaustive list of examples for determining the source for the documented patient-specific indication. Use available resources along with clinical judgment to determine if the scenarios you suggest meet the criteria for a patient specific indication for the purposes of N0415.

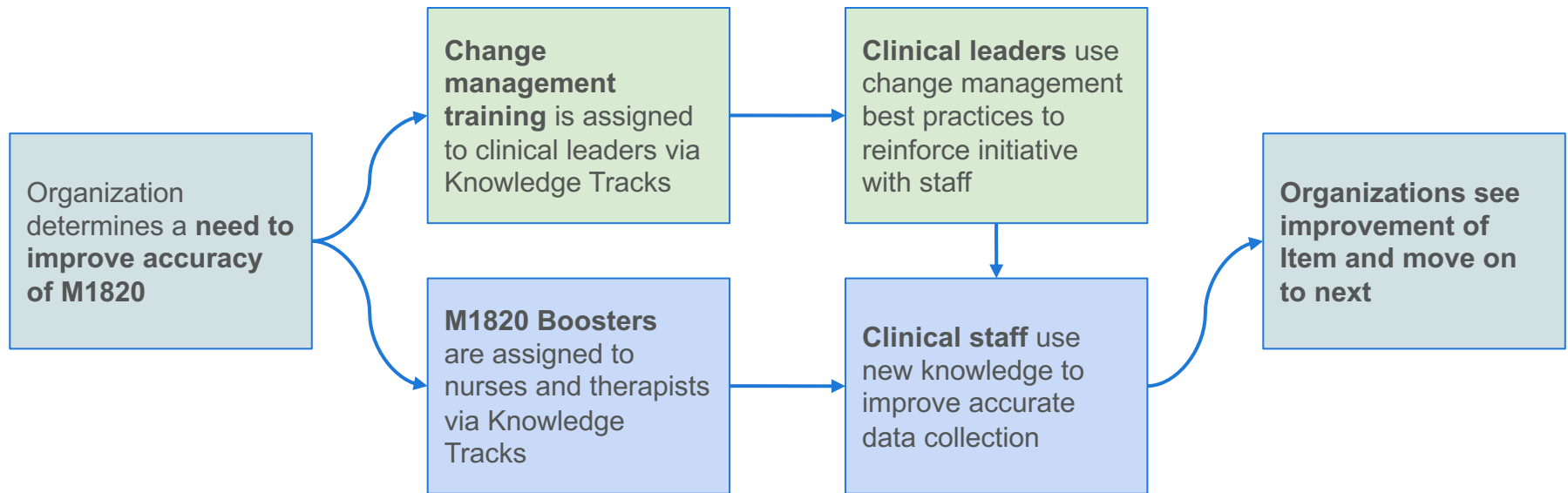
Chapter 3

Strategies for Improved Data Collection

Strategies for Better Data Collection

- Invest in strategies to **better educate clinicians** at onboarding and throughout their careers
- Work with supervisors/managers on **change management training**
- **Strive to improve accuracy**—don't simply focus on scrubbing and post-OASIS reviews

Example Strategy for Performance Improvement



MedBridge OASIS Solution

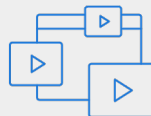
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Full Course Series Updates

Prepare your team with our refreshed full course series for OASIS-E, featuring new patient demonstrations.

6 hours



Boosters Updates

Keep skills sharp with targeted microlearning focused on items impacting HHVBP and reimbursement.

5–8 minutes each



Case Scenarios

Help clinicians apply their knowledge and practice scoring OASIS items with demonstrations and quizzes.

10 minutes each



OASIS-E Certificate

Upskill experienced clinicians with this certificate program.

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Step 1A: OASIS Accuracy for New Hires



Full OASIS Course Series

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Case Scenarios

Help clinicians apply their knowledge and practice scoring OASIS items with demonstrations and quizzes.

~20 min of video + 50 quiz questions

OASIS-E: Section A

presented by [Cindy Krafft, PT, MS, HCS-O](#)



OASIS-E: Section GG

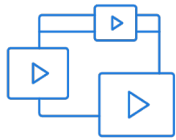
presented by [Cindy Krafft, PT, MS, HCS-O](#)



1A. Case Scenario Example

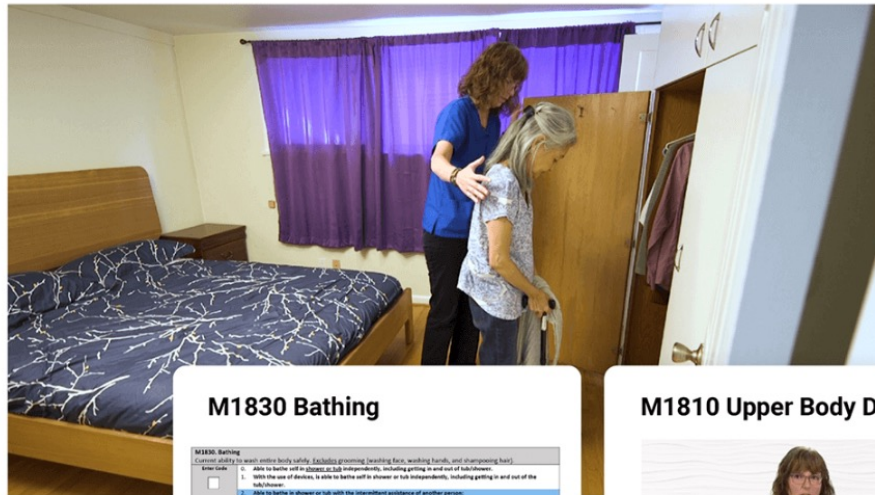
Demonstration Video

Step 1B: OASIS Accuracy for Tenured Staff



Boosters Updates
Keep skills sharp with targeted microlearning focused on items impacting HHVBP and reimbursement.
5–8 minutes each

OASIS-E: Section GG - Self-Care



M1830 Bathing

M1830: Bathing	
General ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	
Answer code:	<input type="checkbox"/>
1	able to bathe and/or groom independently, including getting in and out of bath/shower.
2	with the use of devices, is able to bathe and/or shower or tub independently, including getting in and out of the bath/shower.
3	able to bathe in shower or tub with the intermittent assistance of another person: <ul style="list-style-type: none">a. for intermittent supervision or encouragement or reminders, ORb. to get in and out of the shower or tub, ORc. for reaching difficult to reach areas.
4	able to participate in bathing and/or shower or tub, but requires presence of another person throughout the bath for assistance in preparation.
5	unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
6	unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
7	unable to participate effectively in bathing and is bathed totally by another person.

M1810 Upper Body Dressing



1B. Booster Example

Demonstration Video

Step 1: OASIS Accuracy Case Study

MedBridge Solution

Everest partnered with MedBridge to develop an improvement program for their staff responsible for OASIS completion. The program focused on areas identified by HCA as the most commonly corrected at their agency and provided content in a method compatible with the needs of home health staff, both online and mobile.

Results

Everest Home Health & Hospice deployed their OASIS improvement program and saw results right away. Recommended OASIS corrections decreased by as much as **28 percent for each of the targeted M-items.**

The program included

- MedBridge microlearning content targeted to areas of correction and OASIS concepts
- Staff satisfaction and confidence surveys
- MedBridge Learning Management System and Clinician App providing assignment, reminders, and tracking support for a mobile workforce
- OASIS data pre and post implementation, provided by Home Care Answers

M-ITEM	PERCENT REDUCTION IN RECOMMENDED CORRECTIONS
M1810-Dress Upper	26.54%
M1820-Dress Lower	26.54%
M1830-Bathing	14.7%
M1840-Toileting	28%
M1850-Transferring	21.89%
M1860-Ambulation	12.88%

Question & Answer Session

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